

Readopt with amendment Den 501.01, effective 6/15/18 (Document #12549), to read as follows:

Den 501.01 Ethical Duties.

(a) In addition to those obligations of dentists under the American Dental Association Principles of Ethics and Code of Professional Conduct [~~as amendment April 2012~~] **revised March 2023**, as specified in Appendix II, and the obligations of dental hygienists under the Code of Ethics of the American Dental Hygienists' Association [~~as amended 2016~~] **adopted June 2023**, as specified in Appendix II, pursuant to RSA 317-A:17, II(j), the provisions of this section shall apply.

(b) Dentists shall protect the health of their patients by only assigning to hygienists and assistants those duties specified in Den 400 that the hygienist and assistants are trained to perform correctly.

(c) Dentists shall be further obliged to prescribe and supervise the patient care provided by all dental hygienists and dental assistants working under their direction.

(d) A dentist shall neither aid nor encourage a dentist, a dental hygienist or a dental assistant in their employ to make use of lists of patients from an office of former employment, nor shall a dentist, a dental hygienist or a dental assistant use such lists or information gathered therefrom unless prior written consent allowing use of the lists has been obtained from the previous employer.

(e) Upon request of a patient, dentists shall provide a copy of the patient's records within 20 days for a nominal fee not to exceed \$15 for up to 30 pages and \$0.50 per page thereafter, pursuant to RSA 332-I. Radiographs and models shall be provided at a reasonable cost. This obligation shall exist whether or not the patient's account is paid in full or whether the patient has paid for his or her records.

(f) A dentist shall inform the board in writing within [~~20~~] **15 working** days of patient mortality associated with dental treatment. The mortality report shall meet the requirements of Den 304.07(b).

(g) Dentists who are about to close a dental practice in New Hampshire shall inform their patients of record of the impending closure to allow 3 months, when possible, for patients to obtain copies of their records or have their records sent to another dentist. Such dentist shall notify the board in writing of his or her intent to close a dental practice and shall provide the board with the name, address, and telephone number of the licensee to whom the dentist's patient records will be transferred.

(h) Pursuant to RSA 317-A:27-a, dentists shall have an ongoing obligation to afford their prior patients access to those records not previously provided to the patient or new dentist.

(i) Dentists and dental hygienists shall have an ongoing obligation to repay loans provided to them for their dental education.

(j) Dentists and dental hygienists shall inform the board within 30 days in writing of any sanction pursuant to Den 301.01 (a)(10), Den 301.02 (a)(10), Den 301.03 (a)(10), and Den 301.04 (a) (12) imposed by any jurisdiction.

(k) When discontinuing a course of treatment, dentists shall be available to provide emergency care for up to 30 days or until the patient obtains the services of another dentist, whichever occurs first.

(l) A consultant shall not be required to have a New Hampshire dental license to provide a consultation[~~al~~] **or** expert opinion to a New Hampshire dentist regarding a patient, if the consultant has no contact with the patient.

(m) When dental records are being discarded, dentists shall destroy them by [~~shredding or~~] some [~~other~~] method that maintains confidentiality.

(n) Either directly or through a third-party creditor, dentists shall not make patients financially responsible for the entire cost of a treatment plan before the patient gives informed consent to the treatment plan, including all financial responsibilities clearly explained.

(o) Licensees shall submit only truthful and correct information in any application or other documents filed with or statement made to the board.

(p) Pursuant to RSA 317-A:17, II (g), licensees shall adhere to the American Dental Association's current guidelines for infection control and radiographic practices, as published 2016 and available as noted in Appendix II.

Readopt with amendment Den 502.01, effective 5/6/15 (Document #10824), to read as follows:

Den 502.01 Professional **Controlled Substance Misconduct.**

(a) Dentists shall, pursuant to RSA 317-A:17, II (j), be under a professional duty to comply with the requirements of the Controlled Drug Prescription Health and Safety Program (PDMP), RSA 318-A:31-38, and all administrative rules of the board of pharmacy adopted thereunder.

(b) Pursuant to RSA 318-B:36, the following actions shall result in a disciplinary proceeding and the imposition of sanctions by the board in accordance with its rules:

- (1) Prescribing or dispensing of controlled substances in schedules II-IV after June 30, 2015 without having registered with the program;
- (2) The knowing disclosure of program information by a person authorized to receive it in a manner that violates RSA 318-B or administrative rules of the board of pharmacy;
- (3) The use of program information by a person authorized to receive it for a purpose that violates RSA 318-B or administrative rules of the board of pharmacy; and
- (4) Permitting the use or disclosure of program information under control of the dentist by a person not authorized to receive it in violation of RSA 318-B or administrative rules of the board of pharmacy.

Repeal Den 503.02, effective 1/1/17 (Document #12068) and renumber Den 503.03 through Den 503.07 as Den 503.02 through Den 503.06, as follows:

~~[Den 503.02 – Obligation to Obey. The ethical standards set forth in this part shall bind all licensees, and noncompliance with these standards shall constitute unprofessional conduct as used in NH RSA 326-B:37, II(h). The board shall investigate violations of these standards and impose disciplinary sanctions for such violations by following the disciplinary procedures set forth in Den 200.]~~

Readopt with amendment Den 503.03, effective 1/1/17 (Document #12061) and renumber as Den 503.02, to read as follows:

Den 503.0[3]2 Definitions. Except where the context makes another meaning manifest, the following words shall have the meanings indicated when used in this part:

(a) “Acute pain” means the normal, predicted physiological response to a noxious chemical, thermal, or mechanical stimulus and typically is associated with invasive procedures, trauma, and disease. It can be time-limited, often less than 30 days in duration;

~~[(b) “Administer” means an act whereby a single dose of a drug is instilled into the body of, applied to the body of, or otherwise given to a person for immediate consumption or use;~~

~~— (c) “Addiction” means a primary, chronic, neurobiologic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include impaired control over drug use, craving, compulsive use, or continued use despite harm. The term does not include physical dependence and tolerance, which are normal physiological consequences of extended opioid therapy for pain;]~~

~~[(d)](b) “Chronic pain” means a state in which non-cancer pain persists beyond the usual course of an acute disease or healing of an injury, or that might or might not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years. It also includes intermittent episodic pain that might require periodic treatment. For the purposes of these rules, chronic pain does not include pain from cancer or terminal disease;~~

~~[(e)](c) “Clinical coverage” means specified and prearranged coverage that is available 24 hours a day, 7 days a week, to assist in the management of patients with chronic pain;~~

~~[(f) “Dose unit” means one pill, one capsule, one patch, or one liquid dose;]~~

~~[(g)](d) “Medication-assisted treatment” means any treatment of opioid addiction that includes a medication, such as methadone, buprenorphine, or naltrexone, that is approved by the FDA for opioid detoxification or maintenance treatment;~~

~~[(h)](e) “Morphine equivalent dose (MED)” means a conversion of various opioids to a morphine equivalent dose by the use of board-approved conversion tables;~~

~~[(i) “Prescription” means a verbal, written, facsimile, or electronically transmitted order for medications for self administration by an individual patient;]~~

~~[(j)](f) “Risk assessment” means a process for predicting a patient’s likelihood of misusing or abusing opioids in order to develop and document a level of monitoring for that patient;~~

~~[(k)](g) “Treatment agreement” means a written agreement that outlines the joint responsibilities of dentist and patient; and~~

~~[(l) “Treatment plan” means a written plan that reflects the particular benefits and risks of opioid use for each individual patient and establishes goals, expectations, methods and time course for treatment.]~~

Adopt Den 503.08 to read as follows:

Den 503.08 Ongoing Requirements for the Use of General Anesthesia, Deep Sedation, and Moderate Sedation, Moderate Sedation Only, or Moderate Sedation with Pediatric Qualification.

(a) No dentist shall use general anesthesia, deep sedation, or moderate sedation on an outpatient basis for dental patients except pursuant to Den 304.

APPENDIX I

RULE	STATUTE
Den 501.01	RSA 317-A:12, VI
Den 502.01	RSA 318-B:33
Den 503	RSA 317-A:12, VI, XIII; RSA 318-B:41, I(a)(2), II